

IV. Georgia

Background and Current Status:

In 1999, the Georgia General Assembly enacted House Bill 717 which mandates an advisory committee on universal newborn hearing detection and intervention, with the goal of screening at least 95% of newborns by July 2001. To this end, \$143,00 were appropriated, and the State Advisory Committee on Newborn Hearing Screening (SACNHS) was established. In addition, two grants, from the Appalachian Regional Commission and from MCHB, have been awarded for the purchase of newborn hearing screening equipment and for system development, implementation and evaluation, respectively. An additional \$2 million have been requested from the state Tobacco Master Settlement Agreement. Of the 98 birthing hospitals in Georgia, 97 currently implement universal newborn hearing screening. Hospitals currently use self-established protocols for screening and follow-up, and except for the Waycross and Macon areas, lack comprehensive community-integrated systems for screening, referral, tracking, intervention and follow-up.

Proposed Tracking and Surveillance Activities:

GEHDI surveillance and tracking objectives coalesce in four areas:

- 1) assuring screening, diagnosis, and interventions by tracking individual infants/children
- 2) describing and monitoring hearing loss in infants and children through surveillance
- 3) improving unit level and system functioning with quality assurance to determine performance of reporting sources and exceptions that require follow-up
- 4) evaluating GEHDI to assess the impact of screening and early intervention on health status outcome.

The proposed tracking and surveillance activities pose the challenge of coordination with the existing decentralized and informal systems of the 159 local health departments, 117 of which are rural. The coordination will exist at the level of the Children 1ST staff, who provide a single entry point for infant and child public health services in each of the 19 health districts, and who will assume responsibility for referral follow-up of identified children, as well as those needing initial screens.

Entry into the system will be coordinated with the state's Electronic Birth Certificate system. In Year 1, the project database administrator and epidemiologist will be recruited. Beginning in March 2001, tracking data will be reviewed to identify exceptions. Testing of the software system is to be conducted in March of 2001, with the distribution of the final version in September 2001. Until then, tracking information will be provided to the DPH with a paper system. In Year 2, the GEHDI tracking system will begin to include children with late-onset and progressive hearing impairment. Potential identification points are case reports from ENTs and audiologists and existing Georgia surveillance systems for conditions such as traumatic brain injury (TBI), meningitis, congenital rubella syndrome, etc. that are risk factors for hearing impairment.

For more information about the Georgia program please contact:

Elana Morris
(404) 657-2857
Mail to: emorris@dhr.state.ga.us